

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL CENTRE JAMMU
FLYING SQUAD REPORT

1. Name and Code of the Examination Centre visited.....

Date :

2. Name of the Term-End Examination:

3. Time of arrival at the CentreDeparture at

Regarding Question Papers and Answer Sheets

4. Report on the balance of question papers after distribution to the candidates, is the balance figure correct Yes/No

Regarding Physical Arrangements

5. Whether the building and condition of furniture suitable for an examination centre. Do seating arrangements provide adequate spacing? Yes/No

6. Were the number of allotted Invigilators present? Yes/No

7. Whether the supervision was effective? Yes/No

8. Whether Roll Numbers on Answer sheets were duly Verified by the Invigilators? Yes/No

9. Whether identity of the examinees verified by Invigilators Yes/No

10. Whether any case(s) of use of unfair means by candidates detected during the course of your visit? Yes/No

11. If yes, Roll No. (s) of candidate(s) reported

12. Whether reporting procedure have been followed? Yes/No

Your comments on the overall assessment of Examination Centre's functioning:

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(Signature)

Name:

Designation:

Address:

Telephone No.